

<b>Case Number:</b>	CM14-0077268		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/18/2010
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic hand and finger pain reportedly associated with an industrial injury of October 18, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy; and extensive periods of time off of work, per the claims administrator. In a Utilization Review Report dated April 24, 2014, the claims administrator denied a request for purchase of an H-Wave device. The claims administrator did suggest that the applicant had used the H-Wave device on a trial basis through that point in time. The applicant's attorney subsequently appealed. In an October 4, 2013 Utilization Review Report, the claims administrator did receive a 30-day trial of the H-Wave device on October 4, 2013. On October 10, 2013, the device vendor suggested that the applicant had received a three-month authorization for the device. Several vendor forms employing preprinted checkboxes seemingly suggested that the device was beneficial. In a handwritten progress note dated October 8, 2013, the applicant reported persistent complaints of pain. The applicant was reportedly using the H-Wave device. The applicant was asked to use medications on a p.r.n. basis. The operating diagnosis was wrist tenosynovitis. The applicant's work status was not stated on this occasion. On November 6, 2013, the applicant was described as having previously retired. The applicant was using diclofenac, allopurinol, fenofibrate, Tenormin, and losartan, it was stated. The applicant's greatest pain was at the thumb level, it was stated. The applicant was asked to continue the H-Wave device. The applicant was also asked to utilize unspecified anti-inflammatory medications. The applicant was having difficulty performing gripping and grasping activities, it was suggested. On November 19, 2013, the applicant was asked to continue unspecified medications. The applicant's work status was, again, not clearly stated. In a questionnaire dated May 19, 2014, the applicant acknowledged that he was having

difficulty washing his back, carrying shopping bags, doing household chores, opening jars, and difficulty doing other functions involving the hand. In a vendor form dated September 24, 2013, the applicant was asked to remain off of work, on total temporary disability.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **HOME H-WAVE DEVICE PURCHASE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES/H WAVE STIMULATION

Page(s): 171-172.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation topic. Page(s): 118.

**Decision rationale:** As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of an H-Wave device beyond an initial one-month trial should be predicated on evidence of a favorable outcome following an initial one-month trial of the same, in terms of both pain relief and function. In this case, however, the attending provider has not established the presence of any concrete reductions in pain or improvements in functions through usage of the H-Wave device. The applicant is still quite limited in his ability to grip, grasp, and perform household chores, open a jar, lift, carry, etc., owing to ongoing thumb, hand, and wrist pain, despite usage of the H-Wave device. The applicant has failed to return to work, although it is acknowledged that this may be a function of age as opposed to a function of the industrial injury. The applicant, however, may be a candidate for hand and wrist surgery, it was suggested by one of the applicant's consulting physicians. All of the above, taken together, suggests that ongoing usage of the H-Wave device has not generated requisite reductions in pain or improvements in function as defined by the parameters established in MTUS 9792.20f. Therefore, the request is not medically necessary.